

Standards for MHO Operations

I. Function: Ethics, Rights, and Responsibilities

The goal of this function is to improve, care, treatment, services, and outcomes by recognizing and respecting the rights of each Soldier and by conducting business in an ethical manner. Soldiers deserve care, treatment, and services that safeguard their personal dignity and respect their cultural, psychosocial, and spiritual values. These values often influence a Soldier's perceptions and needs.

A. Standard: The rights of Soldiers are respected. Soldiers receive information about their rights and are involved in decisions regarding their care. Policies and practices address the rights of Soldiers to care, treatment, and services within the program's capability and mission and in compliance with regulation and the MHO program policy.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	N/A	Comments
1. Soldiers are involved in the decision making about their care, treatment and services. <ul style="list-style-type: none"> Information about options for care are presented to Soldiers Soldiers are involved in resolving dilemmas about care, treatment, and services. The family, as appropriate and as allowed by law, with permission of the Soldier, is involved in care, treatment, and service decisions. 					
2. Soldiers receive information about the persons who are responsible for their care, treatment, and services. <ul style="list-style-type: none"> Soldiers are given the names, position titles, and responsibilities of all persons who are providing care treatment and services. 					
3. Communication with the Soldier is effective. <ul style="list-style-type: none"> Soldier receives information in a manner in which he or she can understand. 					
4. Resolution of complaints from Soldiers and their families are addressed and resolved. <ul style="list-style-type: none"> A written process is in place for receipt, review, and complaint resolution. Soldiers, families, and staff are informed about the complaint resolution process. Complaints are referred as appropriate to the next higher HQ. 					
5. Staff respects Soldiers' rights for confidentiality and privacy. <ul style="list-style-type: none"> Operations reflect protection of confidentiality and privacy. 					

II. Function: Provision of Care, Treatment and Services

Care, treatment and services are provided through successful coordination and completion of a series of processes that include appropriate initial assessment of needs, development of the plan of care, treatment, and services; the provision of care, treatment, and services; ongoing assessment of whether the care, treatment, and services provided are meeting the Soldier's needs; and either the successful discharge, referral, or transfer of the Soldier for continuing care, treatment, and service.

A. Entry to MHO Program Care

Standard: The MHO Program accepts for care, treatment, and services only Soldiers whose care, treatment, and service makes them eligible for admission.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
1. Only Soldiers who meet qualification standards for MHO program are referred by medical SRP sites <ul style="list-style-type: none"> • SRP Cadre have received training re: policy • Criteria are followed for determining referral and eligibility 					
2. Information from SRP site is complete and legible <ul style="list-style-type: none"> • Medical records • Supporting documents • LODs 					
3. There is a well defined efficient and collaborative process for Soldier referral to MHO program for: <ul style="list-style-type: none"> • Ambulatory Medevac Soldiers • Inpatient Medevac Soldiers • SRP referrals 					
4. There is a well defined and written SOP for MHO Soldier in-processing into the MHO program. <ul style="list-style-type: none"> • In-processing checklist is utilized and copy kept in Soldier file. • In-processing is conducted by C2 and Clinical staff. 					

Standards for MHO Operations

B. Entry to CBHCO Care

Standard: The CBHCO accepts for care, treatment, and services only those Soldiers who's identified care, treatment, and service needs it can meet.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
1. CBHCO Referral Policy is followed <ul style="list-style-type: none"> • Cadre have received training re: policy • Criteria are followed for determining referral and eligibility 					
2. Information gathered to determine eligibility is complete <ul style="list-style-type: none"> • MODS and AHLTA are utilized to retrieve information • Supporting documents are legible • LODs are complete 					
3. There is a well defined efficient and collaborative process for determining early referral of Soldiers to CBHCO <ul style="list-style-type: none"> • Medical, admin, C2 are involved in the process • All Soldiers are screened for eligibility/ referral to CBHCO at least within 30 days of admission to MHO Program 					
4. There is a well defined efficient and collaborative process for determining early eligibility (acceptance) <ul style="list-style-type: none"> • Medical, admin, C2 are involved in the process • Eligibility/acceptance is determined within 3 working days of receipt of all information per CBHCO referral policy. 					
5. CBHCO ensures that the appropriate care, treatment, and services are available in the community <ul style="list-style-type: none"> • CM ensures that the PCM and most of the Soldier's specialty care is within 50 miles or 1 hr. drive time. <p>The C2 ensures that a worksite is available for Soldier is within 50 miles or 1 hr. drive time.</p>					
6. CBHCO ensures that the home environment is conducive to support healing and promote healthy outcomes. <ul style="list-style-type: none"> • SWS staff completes social assessment. • Physical space can accommodate special physical needs of Soldier, as appropriate. 					
7. Soldiers are informed of the CBHCO Program within 30 days of admission to MHO Program					
8. Soldiers who do not qualify or who are not accepted for transfer to the CBHCO program receive this information in a timely manner which they can clearly understand					

Standards for MHO Operations

C. Assessment

The goal of assessment is to determine the appropriate care, treatment, and services to meet the Soldier's needs while attached/assigned to the MHO Program.

Standard: The staff collects data about each Soldier's health history; physical, functional, and psychosocial; analyzes data to produce information about each Soldier's needs for care, treatment, and services; makes care, treatment, and service decisions based on information developed about each Soldier's needs and his or her response to care, treatment, and services.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
1. Written standards are in place that define the information gathered during assessment and reassessment to include: <ul style="list-style-type: none"> • Intake • Weekly Assessment by CM • Weekly reviews with CBHCO Medical Officer 					
2. Information gathered at the initial assessment includes: <ul style="list-style-type: none"> • Assessment of physical status • Psychological assessment • Social assessment • Functional status, including pain assessment • Evaluation-update of profile 					
3. Assessments and reassessment are based on timely and complete information. <ul style="list-style-type: none"> • Assessments are completed on admission and at least weekly. • Assessments are based on information gathered from the PCM, specialty providers, behavioral health providers, CM, Medical officer, and appropriate C2. • Assessments are documented on the SF 600 or in AHLTA. 					
4. Assessment of the Soldier's status is communicated with the appropriate medical and C2 staff at least weekly. At a minimum the following will receive a focused review: <ul style="list-style-type: none"> • Soldiers who fail to progress IAW their plan of care. • Soldiers who need profile updates. • Soldier who fail to comply with MHO or CBHCO program. • Soldiers, 45 days prior to MRP extension • Soldiers in MHO program > 179 days. 					

D. Planning Care, Treatment, and Services

Planning includes creating an initial plan for care, treatment, and services appropriate to the Soldier's specific assessed needs, and then revising or maintaining the plan based on the Soldier's response.

Standard: The initial plan for care, treatment, and services is appropriate to the Soldier's specific assessed needs. The plan of care is revised based on the Soldier's response.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
1. Care, treatment, and services are planned and revised to meet the Soldier's needs. <ul style="list-style-type: none"> Revisions to the plan of care are based on interdisciplinary assessment and input Plan of care and revision is documented in the medical record. 					
2. Plan of care, treatment, and services is based on Soldier's problem list. <ul style="list-style-type: none"> Problem list is documented in the medical record Problem list is revised and updated 					
3. Plan of care, treatment, and services is revised in a timely manner and appropriate. <ul style="list-style-type: none"> Plan is based on appropriate and effective utilization of services Plan of care is consistent with MHO program standards. 					
4. The Soldier and the Soldier's family and/or support system, as appropriate are involved in developing the plan of care. <ul style="list-style-type: none"> Documentation reflects the Soldier's involvement in their plan of care. Plan of care is clearly understood by the Soldier 					
5. The plan for care, treatment, and services is shared with appropriate members of the MHO team by the CM <ul style="list-style-type: none"> The medical provider has approved the plan of care. The Soldier's PLT Sgt and Commander understand the pertinent aspects of the plan of care. 					
6. Profiles are consistent with reassessments. <ul style="list-style-type: none"> Profile is complete; current; and reflects Soldier's status Soldier is counseled on profile updates. Worksite supervisor is made aware of profile updates. 					

Standards for MHO Operations

E. Providing Care, Treatment, and Services

Caring for Soldiers involves providing individualized, planned, and appropriate interventions in settings responsive to specific individual needs. "Care" includes care, treatment, services, rehabilitation, habilitation, and other interventions necessary for the Soldier to return to the "Fighting Strength", transition to civilian care and services, or reach optimal medical benefit and be referred to the physical disability evaluation system (PDES).

Standard: Care, treatment, and services is provides IA W the plan of care.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
1a. Soldier's medical care is coordinated by the PCM and CM with specialty providers as appropriate <ul style="list-style-type: none"> All Soldiers are assigned to and assessed by a PCM within 48 hours of entry into MHO program Evidence of coordination of care is documented 					
1b. CBHCO: Soldier's medical care is coordinated by the PCM and CM with specialty providers as necessary. <ul style="list-style-type: none"> Evidence of coordination of care with PCM is documented. All TRICARE referrals for specialty care are reviewed and approved by CBHCO provider Referrals are coordinated with DCCS and MMASO as appropriate for non-TRICARE covered benefits. 					
2. Soldier receives timely and appropriate care, treatment, and services covered by MHO/MRP Policy. <ul style="list-style-type: none"> Review of medical record indicates timeliness of referrals. Review of medical record indicates appropriate utilization of services related to MHO status. 					
3. Access to care at MTF is IA W MEDCOM Policy <ul style="list-style-type: none"> Specialty consults are complete within 72 hours of referral Diagnostic studies are complete within 7 days Surgery is scheduled within 14 days 					
4. MEB is initiated when optimal medical benefits have been achieved or when the Soldier has been in MHO >1 year. <ul style="list-style-type: none"> Exceptional cases are reviewed and approved by DCCS. 					
5. Soldier and family receive detailed counseling and frequent updates regarding MEB/PEB status as outlined in Appendix C, AR 635-40					

Standards for MHO Operations

7

E. Providing Care, Treatment, and Services (cont.)

Caring for Soldiers involves providing individualized, planned, and appropriate interventions in settings responsive to specific individual needs. "Care" includes care, treatment, services, rehabilitation, habilitation, and other interventions necessary for the Soldier to return to the "Fighting Strength", transition to civilian care and services, or reach optimal medical benefit and be referred to the physical disability evaluation system (PDES).

Standard: Care, treatment, and services is provides IAW the plan of care.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
<p>6. MTF/CBHCO has a consistent set of metrics to assess timeliness and accuracy of MEB submissions.</p> <ul style="list-style-type: none"> • MEBITT is used to track and update the MEB process • MEB processing time from initiation (P3/P4 profile of Letter of Intent) to mailing to PEB is 90 days or less. Standard is met 70% of the time. • Percent MEBs returned by PEB does not exceed 10 %. 					
<p>7. Personnel involved in MEB process must be properly trained and staffed.</p> <ul style="list-style-type: none"> • Ratio of PEBLO to active cases is not more than 1:50. • PEBLO, MHO Case Manager, and C2 are active in coordinating Soldier's MEB process. • PEBLO, MHO Case Manager, and C2 have received appropriate training regarding the PDES process. 					
<p>8. CBHCOs has a written procedure/coordinating in place for coordinating MEB referrals with supporting MTF.</p>					
<p>9. CBHCO has a TDY Policy for Soldier referral to MEB and specialty care, treatment, and service.</p> <ul style="list-style-type: none"> • TDY process is timely and efficient • TDY is process IAW Army regulation. 					

F. Education

Soldiers must be given sufficient information to make decisions and to take responsibility for self-management activities related to their needs. Soldiers and their families are educated to improve individual outcomes by promoting healthy behavior. Soldiers are actively involved in their care, treatment, services, and transition to Active Reserve and/or civilian life.

Standard: The Soldier receives education and training specific to his or her needs and as appropriate to care, treatment, and services.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
1. Policy is in place which outlines counseling and education program for MHO Soldiers.					
2. MHO Soldier education and counseling is documented.					
3. Education begins when the Soldier enters the MHO Program and continues throughout his or her stay. The Soldier is educated about the following aspects of the MHO program: <ul style="list-style-type: none"> • Access to care, including emergency care • Plan of care, treatment, and services • Safe and effective use of medications • Understanding pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management. 					
4. The Soldier is educated/counseled regarding C2 aspects of the program: <ul style="list-style-type: none"> • MHO/CBHCO program policy • MHO Work Program • Accountability • Adherence to profile • Job site responsibilities 					
5. CBHCO has a plan for educating the Soldier regarding the TRICARE program. <ul style="list-style-type: none"> • Education begins at in-processing. • TRICARE information includes access to website to view benefits, EOB, and program information. • Soldiers know the appropriate steps to take when they receive bills for TRICARE provided services. 					

F. Education (cont.)

Soldiers must be given sufficient information to make decisions and to take responsibility for self-management activities related to their needs. Soldiers and their families are educated to improve individual outcomes by promoting healthy behavior. Soldiers are actively involved in their care, treatment, services, and transition to Active Reserve and/or civilian life.

Standard: The Soldier receives education and training specific to his or her needs and as appropriate to care, treatment, and services.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
6. Soldier education activities optimize use of appropriate teaching methods to accommodate various learning styles. The following educational activities are demonstrated by the CBHCO: <ul style="list-style-type: none"> • 1:1 education specific to Soldier needs • Group education • Availability of handouts to supplement all verbal teaching/counseling • References to websites or eLearning activities 					
7. All Soldiers are given a "MHO Soldier Handbook". <ul style="list-style-type: none"> • Handbook is reviewed with the Soldier • Handbook is has current information (may include errata page) and is site specific. • All Soldiers receive training and testing on handbook material. 					
8. Educational content is presented in an understandable manner and the Soldier's comprehension is evaluated and documented.					
9. Soldiers are educated to initiate a valid AKO account. <ul style="list-style-type: none"> • Soldier's AKO address is documented in MODS and personnel record. 					

G. Discharge or Transfer

Soldiers discharged (REFRAD or separated) or transferred will be assessed to determine continuation of needed care, treatment, and services. The process for transfer or discharge will be based on the Soldier's assessed needs to ensure that continuity of care, treatments, and services (including benefits via the VA) is maintained.

Standard: There is a process in place to address the needs for continuing care, treatment, and services after discharge, separation, or transfer.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
1. There is a process to address the needs for continuing care, treatment, and services after REFRAD or separation. <ul style="list-style-type: none"> • Documentation of the discharge process is evident in the medical record. • Evidence of planned follow up clinical care after discharge is documented in the medical record. 					
2. A well-defined process in place for transferring Soldiers between all MHO locations (MRPU and CBHCO). <ul style="list-style-type: none"> • Transfers are coordinated by the MHO Clinical and C2 team. • Soldier is counseled and aware of the reason for transfer. • Reason for transfer is documented in the medical record. 					
3. Soldiers are told in a timely manner of the need to plan for REFRAD or separation. <ul style="list-style-type: none"> • Discharge planning begins at time of admission. 					
4. The Soldier is educated about how to obtain further care, treatment, and services to meet his or her identified needs. The Soldier receives training re: <ul style="list-style-type: none"> • TAMP, including re-enrollment in TRICARE • VA Benefits: VBA/VHA • State VA Benefits • Dept. of Labor • Army Career and Alumni Program (ACAP) • A W2 (as appropriate) • Military One Source • Website support and references • Finance • Mental Wellness 					

III. Function: Leadership

Leaders provide a framework for planning, directing, coordination, providing and improving care, treatment, and services to respond to the needs of Soldiers and their staff. Effective leaders create an environment or culture that enables the MHO Program to fulfill its mission. They support staff and instill in them a sense of ownership of their work processes.

Standard: The MHO Program has effective leadership as evidenced by effective and efficient operations to meet mission requirements.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
1. Commander has a plan to keep the next higher command informed of critical incidents and significant events. <ul style="list-style-type: none"> The Commander has a log of critical incidents and significant events 					
2. Written SOPs to support MHO operations are documented and easily available for staff reference. <ul style="list-style-type: none"> SOPs are consistent with MEDCOM policy and MHO Consolidated Guidance 					
3. Command policies are in place for: <ul style="list-style-type: none"> EO/EEO Sexual Harassment Waste, Fraud, and Abuse 					
4. Commander has a policy for reporting Soldier non-compliance with the MHO program. <ul style="list-style-type: none"> Referral to Commander is timely Reports are documented per Command policy 					
5. Communication is effective throughout the MRP/UMTF/CBHCO.					
6. The MRP/UMTF/CBHCO Commander ensures adequate space, equipment, and resources are in place to facilitate efficient, effective delivery of care, treatment, and services.					
7. Commander has an "Open Door" Policy IAW Chapter 2, Para 2-2, AR 600-20, Army Command Policy					
8. MHO Town Hall meetings are conducted on Installations at least monthly for MHO Soldiers <ul style="list-style-type: none"> Minutes are published for each meeting, reviewed and signed by Garrison and MTF Commander Staff members in support of the MHO Program are invited to the Town Hall meetings. 					
9. <i>Sentencing sessions or command climate surveys are conducted at least quarterly with ?</i>					

III. Function: Leadership (cont.)

Leaders provide a framework for planning, directing, coordination, providing, and improving care, treatment, and services to respond to the needs of Soldiers and their staff. Effective leaders create an environment or culture that enables the MHO Program to fulfill its mission. They support staff and instill in them a sense of ownership of their work processes.

Standard: The MHO Program has effective leadership as evidenced by effective and efficient operations to meet mission requirements.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
10. Commander has an established counseling program IAW Chapter 2, Para 2-3, Performance Counseling, AR 600-20, Army Command Policy.					
11. Leaders' Professional Development is conducted. What is the standard?					
12. Commander has a "Buddy System" in place for all MHO Soldiers. <ul style="list-style-type: none"> Soldiers are counseled on the intent of the Buddy system A buddy is assigned at inprocessing. 					

IV. Function: Environment of Care

The goal of this function is to provide a safe, functional, supportive, and effective environment for MHO Soldiers, Cadre, and staff. Environment of care refers to a variety of key elements and issues that contribute to creating the way space feels and works for Soldiers, families, Cadre, and staff. Certain key elements and issues effect and influence the Soldier outcomes, satisfaction, and safety. These elements include light, privacy, size and configuration of space, security, access, and layout.

Standard: The MRP/MTF/CBCHO maintains a safe, secure, and appropriate environment. Billeting is IAW Netcall #36A.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
1. Facility, including parking access meets the following standards: <ul style="list-style-type: none"> • OSHA • ADA 					
2. Office space and furniture which supports operations. <ul style="list-style-type: none"> • Quiet-efficient work space • MHO Soldier privacy 					
3. There is sufficient number of GSA vehicles and drivers to meet mission requirements. <ul style="list-style-type: none"> • Drivers have appropriate license • Vehicles comply with Army vehicle maintenance schedule. 					
4. Transportation schedules meet needs of Soldiers for medical appointments, Soldier administration, and MWR activities.					
5. Billeting is equivalent to permanent party and meets the following criteria: <ul style="list-style-type: none"> • Max 4/room • Safe/secure • High Dollar Inventory Sheet • Climate Controlled • Laundry • Day Rooms 					
6. Billeting is available to accommodate functional limitations of Soldiers.					
7. Internet access is available to all Soldiers.					

Standards for MHO Operations

14

V. Function: Providing Soldier Administration and Training

Caring for Soldiers includes providing the necessary services which support the Soldier's military status and career. These services include order and pay administration, appropriate military training, and transition from Active Duty to the Active Reserve or civilian life.

Standard: The MRP/ICBHC Commander ensures that Soldiers are provided the necessary climate and services to meet the Soldier's administrative and training needs.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
1. Procedures are in place for ensuring all Soldiers who need to continue care, treatment, and service, continue on MRP orders. <ul style="list-style-type: none"> 30, 60, 90 day report in MODS is utilized There are no gaps in orders for MHO Soldiers 					
2. Commander has a policy in place to ensure MHO Soldiers receive timely and appropriate pay and benefits					
3. All Soldiers in the MHO program 60 days or projected to be in the MHO program for 60 days will be placed on MRP Orders.					
4. eMILPO is utilized for Soldier processing <ul style="list-style-type: none"> Information is entered with 24 hours of attachment/assignment IDUC is correct eMILPO (AAA 162 report) is reconciled with list of Soldiers assigned in MODS 					
5. MODS is utilized for tracking all MHO Soldiers. <ul style="list-style-type: none"> C2 Admin staff have MODS write access and MODS training MODS information is entered by admin. Staff during in-processing and updated in a timely manner. 					
6. Required documents for MRP orders and extensions are submitted to HRC IAW: http://www.armyg1.army.mil/militarypersonnel/policy.asp					
7. Finance in-processing of Soldiers includes: <ul style="list-style-type: none"> Review of LES Review of entitlements and timely corrections as necessary <ul style="list-style-type: none"> Per diem Family Separation Theater entitlements 					
8. Soldier's LES is reviewed monthly by PLT SGT to ensure appropriate pay and entitlements.					
9. LOD's are reviewed at in-processing, initiated and completed IAW AR 600-8-4.					

Standards for MHO Operations

V. Function: Providing Soldier Administration and Training

Caring for Soldiers includes providing the necessary services which support the Soldier's military status and career. These services include order and pay administration, appropriate military training, and transition from Active Duty to the Active Reserve or civilian life.

Standard: The MRP/CBHCO Commander ensures that Soldiers are provided the necessary climate and services to meet the Soldier's administrative and training needs.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
10. DD 214 Worksheet is completed prior to Soldier transfer to CBHCO.					
11. Soldiers are referred to ACAP on arrival or as appropriate to begin Individual Transition Plan. <ul style="list-style-type: none"> Soldiers receive ACAP pre-separation counseling and completed DD Form 2648-1 Pre-Separation Counseling Checklist NLT 90 days prior to REFRAD. 					
12. Commander has a Work Program, in support of Title 10 missions, developed for MHO Soldiers. <ul style="list-style-type: none"> Soldiers are informed of the Work Program at orientation. All Soldiers, regardless of rank, are assigned a meaningful job within limits of their medical profile and commensurate with Grade/Experience 					
13. Commander ensures access to Dining Facilities for Soldiers and ensures Soldiers who cannot travel to Dining Facilities are accommodated.					
14. Soldiers are provided information on MWR Activities and programs. <ul style="list-style-type: none"> Commander ensures transportation is available for Soldier to attend activities 					
15. Commander has a well defined/published leave/pass program, consistent with Permanent Party Units, which addresses the following: <ul style="list-style-type: none"> Optimizing use of leave prior to REFRAD/Separation Impact of medical appointments and MEB/PEB process on leave 					
16. Commanders authorize the use of POVs					

V. Function: Providing Soldier Administration and Training

Caring for Soldiers includes providing the necessary services which support the Soldier's military status and career. These services include order and pay administration, appropriate military training, and transition from Active Duty to the Active Reserve or civilian life.

Standard: The MRPUCBCHCO Commander ensures that Soldiers are provided the necessary climate and services to meet the Soldier's administrative and training needs.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
17. REFRAD orders process from notification of "medically cleared" to publishing orders is NL T 7 days.					
18. REFRAD and separation orders are processed within a timely manner: <ul style="list-style-type: none"> • Unit LNO coordinates daily with the Transition Center for TRANSPOC notifications. • All orders are published within 24 hours 					
19. Soldiers are out-processed and REFRAD/separated within 7 days of published order date.					
20. DD Form 2648 (pre-separation checklist) is completed prior to TRANSPOC notification and forwarded with separation packet for filing in OMPF.					
21. The Installation Transition Center staff receives training and education specific to the requirements of the MHO program and executes accordingly: <ul style="list-style-type: none"> • 12302 and 12301(d) time is documented on DD214 • TC emails closure notification to MRPUC, PEBL/OCM, HRC-A-MSB • DD 214s are distributed appropriately • TC pulls TRANSPOC list daily and notifies MHO Soldier's command. 					
22. TC coordinates with servicing or gaining TC when Soldiers are attached to the CBHCO program.					

VI. Function: Management of Human Resources

The CBHCO determines the qualifications and competencies for all staff positions (military and civilian), based on their mission. CBHCO is also responsible to ensure the right number of competent staff is available to meet the Soldier's needs.

Standard: The CBHCO provides an adequate number and mix of staff that are consistent with the staffing plan. All staff receives orientation, training, and continuing education to support the mission. The CBHCO provides competent staff and ongoing, periodic competence assessment to evaluate staff members' continuing abilities to perform.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
1. Commander has a plan to ensure appropriate levels of staff are assigned to support the mission. <ul style="list-style-type: none"> Commander evaluates staff resources on a monthly basis and requests replacements at least 120 days in advance The staff to MHO Soldier ratio does not exceed base requirements <ul style="list-style-type: none"> a. CM 1:35; PLT SGT 1:35 b. CBHCO CM 1:25; PLT SGT 1:50 					
2. Commander ensures that a staff's qualifications are consistent with his or her responsibilities. <ul style="list-style-type: none"> Positions descriptions are available for all Cadre and staff members All RNs, providers, and SWS staff have a valid license. 					
3. Formal orientation is provided to all staff members and includes at a minimum: <ul style="list-style-type: none"> MHO mission, policies, and goals. Specific job duties and responsibilities Sensitivity training to the special needs of MHO Soldiers Rights of Soldiers, ethical aspects of care, treatment, and services and the process to address ethical issues. 					
4. Rating scheme is complete and current. <ul style="list-style-type: none"> Rating chain for MRPJ cadre is under the Garrison Commander Rating chain for MHO/MTF Case Managers is under the DCCS 					

Function: Management of Human Resources (Cont)

The CBHCO determines the qualifications and competencies for all staff positions (military and civilian), based on their mission. CBHCO is also responsible to ensure the right number of competent staff is available to meet the Soldier's needs.

Standard: The CBHCO provides an adequate number and mix of staff that are consistent with the staffing plan. All staff receives orientation, training, and continuing education to support the mission. The CBHCO provides competent staff and ongoing, periodic competence assessment to evaluate staff members' continuing abilities to perform.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
5. MHO staff meetings are conducted at least monthly in order to share information, provide training, address staff concerns, and coordinate organizational process improvements. <ul style="list-style-type: none"> • MRRPU and MTF MHO program staff are present at meetings 					
6. Commander has a yearly training calendar which includes the following: <ul style="list-style-type: none"> • Sensitivity training for management of MHO Soldiers. • Early recognition and referral of mental health and behavior health issues. (Includes Suicide awareness) • VA Benefits • MODS • Annual Army required training (EO, HIPAA, Prevention of Sexual Harassment, etc) 					

VII. Function: Management of Information

The goal of information management function is to support decision making to improve Soldier outcomes, improve health care documentation, assure Soldier safety, improve performance in Soldier care, treatment, and services, leadership, management, and support processes. The principles of good information management apply to both paper and electronic methods.

Standard: A process is in place to effectively manage information, including the capturing reporting, processing, storing, retrieving, disseminating, and displaying of clinical/service and non-clinical data and information.

Elements of Performance	Satisfactory Compliance	Partial Compliance	Insufficient Compliance	NA	Comments
Procedure is in place for updating information in MODS ADME/MHO module. <ul style="list-style-type: none"> Information is updated at least weekly Administrative and clinical staff has adequate access. Administrative staff is entering non-clinical information. 					
Clinical staff have access to AHLTA <ul style="list-style-type: none"> AHLTA is utilized for all clinical documentation 					
MRPU/MTF/CBHCO is compliant with HIPAA procedures.					
A copy of the Soldier's medical records is available to receiving MTF/CBHCO at time of transfer.					
A copy of the Soldier's personnel records is available to receiving MRPU/CBHCO at time of transfer.					
Medical Record administration is IAW AR 40-400 and AR 40-66. <ul style="list-style-type: none"> Medical records are stored in a secure location. PAD sections have accountability of all medical records. Medical records are current and organized IAW AR 40-66. 					